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10/775570

1J0077USNA

RESPONSE (12 PGS.)

3-MONTH EXTENSION (1 PG.)

FEE SHEET (1 PG.)

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This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (05-07)

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4813). FEE TRANSMITTAL For FY 2007		Complete if Known Application Number 10/775570 Filing Date February 09, 2004 First Named Inventor Sudhir Govind Deshmukh, et al. Examiner Name S. L. FIDLER Art Unit 2861 Attorney Docket No. IJ0077USNA	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments
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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES			SEARCH FEES			EXAMINATION FEES			Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)		Fee (\$)	Small Entity Fee (\$)		Fee (\$)	Small Entity Fee (\$)		
Utility	<input type="checkbox"/> 300	<input type="checkbox"/> 150		<input type="checkbox"/> 500	<input type="checkbox"/> 250		<input type="checkbox"/> 200	<input type="checkbox"/> 100		0.00
Design	<input type="checkbox"/> 200	<input type="checkbox"/> 100		<input type="checkbox"/> 100	<input type="checkbox"/> 50		<input type="checkbox"/> 130	<input type="checkbox"/> 65		0.00
Plant	<input type="checkbox"/> 200	<input type="checkbox"/> 100		<input type="checkbox"/> 300	<input type="checkbox"/> 150		<input type="checkbox"/> 160	<input type="checkbox"/> 80		0.00
Reissue	<input type="checkbox"/> 300	<input type="checkbox"/> 150		<input type="checkbox"/> 500	<input type="checkbox"/> 250		<input type="checkbox"/> 600	<input type="checkbox"/> 300		0.00
Provisional	<input type="checkbox"/> 200	<input type="checkbox"/> 100		<input type="checkbox"/> 0	<input type="checkbox"/> 0		<input type="checkbox"/> 0	<input type="checkbox"/> 0		0.00

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 - 20 or HP = _____ x 50.00 = _____
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 - 3 or HP = _____ x 200.00 = _____
 HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
 Fee (\$): 360.00 Fee Paid (\$): 0.00
 YES ☐

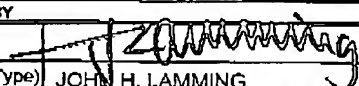
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: _____ Extra Sheets: _____ Number of each additional 50 or fraction thereof: _____ Fee (\$): 250.00 Fee Paid (\$): 0.00
 - 100 = _____ / 50 = _____ (round up to a whole number) x 250.00 = _____

4. OTHER FEE(S)

☐ Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$): _____
☒ Other (e.g., late filing surcharge): 3-Month Extension 1,020.00

SUBMITTED BY		
Signature 	Registration No. (Attorney/Agent) 34,857	Telephone (302) 992-5877
Name (Print/Type) JOHN H. LAMMING	Date SEPTEMBER 19, 2007	

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